



## BUILDING/ENGINEERING/ ZONING/WETLANDS ROUTING SHEET

ADDRESS OF PROPERTY \_\_\_\_\_

TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ SIZE OF LOT \_\_\_\_\_ in sq. ft.

PROPOSED WORK \_\_\_\_\_

CURRENT USE: (Circle all that apply.) Single family, 2-family, Multi-family (# of units)\_\_\_\_,  
Commercial, Industrial

Will the property be served by sewers? Yes\_\_\_\_ No\_\_\_\_ By septic system? Yes\_\_\_\_ No\_\_\_\_

Is any part of the property within

100 feet of an Inland Wetland or Water Course? Yes\_\_\_\_ No\_\_\_\_

FEMA Flood Zone? Yes\_\_\_\_ No\_\_\_\_

CT Coastal Management Act Coastal Boundary? Yes\_\_\_\_ No\_\_\_\_

Town Center Review Area? Yes\_\_\_\_ No\_\_\_\_

Water Supply Watershed? Yes\_\_\_\_ No\_\_\_\_

500 feet of an adjoining town? Yes\_\_\_\_ No\_\_\_\_

Does property abut a State Highway? Yes\_\_\_\_ No\_\_\_\_

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_ (Please print or type)

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### FOR OFFICE USE ONLY

Route to:	Date Referred:	Comments (date returned)
____ Wetlands Officer	_____	_____
____ Engineering Department	_____	_____
Flood/Sewer/Driveway/Grading	_____	_____
____ East Shore District Health	_____	_____
____ Town Center Review Board	_____	_____
____ South Central Regional COG	_____	_____
____ DEP Coastal	_____	_____
____ Regional Water Authority	_____	_____
____ Town Clerk of	_____	_____
Guilford/East Haven/North Branford	_____	_____
____ CT DOT	_____	_____